

NURSE PRACTITIONER/NURSE MIDWIFE NURSING SCHOLARSHIP PROGRAM

Eligibility

To be considered for a Nurse Practitioner/Nurse Midwife Scholarship, an applicant must meet the following criteria:

1. Residency in Virginia for at least one year.
2. Acceptance or enrollment as a full time student in a nurse practitioner/nurse midwifery program in the State of Virginia or a nurse midwifery program in a nearby state.
3. Demonstration of a cumulative grade point average of at least 3.0 in graduate and/or undergraduate courses.
4. Have submitted a completed application form, and official grade transcript of graduate and/or undergraduate courses, and a statement of intent to practice as a nurse practitioner/nurse midwife in an underserved area of Virginia following graduation.
5. Submission of two reference letters.
6. Submission of all materials to the Office of Minority Health and Public Health Policy prior to the established deadline.

Failure to comply with any of the above will cause the applicant to be *ineligible* for a nurse practitioner/nurse midwife scholarship. Applicants will be graded and ranked by the scholarship committee, and the most qualified candidates will be awarded the scholarships.

Conditions of Scholarships

It is important that all applicants fully understand the conditions of accepting a Nurse Practitioner/Nurse Midwife Scholarship. These awards are not gifts. Student recipients must agree to engage in full time practice in a designated medically underserved area for a period of years equal to the number of annual scholarships received. The scholarship recipient may pre select a medically underserved area where service employment will take place at any time prior to entering practice. This selection may be altered 90 days prior to beginning practice, at which time the recipient must choose from the current list of medically underserved areas and must receive approval from the State Health Commissioner or his designee of the practice location. The practice facility must provide services to persons who are unable to pay for the service and must participate in all government sponsored insurance programs designed to assure access to medical care service for covered persons.

Therefore, if a student received a one year scholarship award he must repay that amount by working continuously in Virginia for one (1) year. Full time employment must begin within two (2) years of the recipient's graduation date from the program. Voluntary military service, even if stationed in Virginia, cannot be used to repay scholarship awards.

Before any scholarship is awarded, the applicant must sign a written contract agreeing to these terms as established by law and the Board of Health.

Penalty

If, for any reason, a scholarship recipient fails to complete his studies or to engage in **full time** nurse practitioner/nurse midwife practice in Virginia in an approved area and employment setting, the full amount of money represented in the scholarship(s) received, plus an annual interest charge, as established by the Commonwealth of Virginia, must be repaid immediately.

The recipient must take the first scheduled licensing examination following graduation. If he does not pass, he may retake the next scheduled examination. If he does not pass the second examination, he must repay all scholarship money received, plus an annual interest charge, as stated above.

If a recipient leaves Virginia or ceases to engage in full time practice as a nurse practitioner/nurse midwife before all employment conditions of the scholarship award are fulfilled, the recipient must repay the balance on his account, plus a penalty and an annual interest charge, as established by the Commonwealth of Virginia.

Number of Applications Per Student

Scholarships are awarded for single academic years. However, a recipient may, after demonstrating satisfactory progress in his/her studies, apply for and receive a scholarship award for a succeeding academic year. No student may receive a scholarship for more than a total of two years.

Scholarship Amount

The amount of each scholarship award is dependent upon the amount of funds appropriated by the Virginia General Assembly. All scholarships are awarded without regard to race, color, religion, sex or national origin.

How to Apply

Applications and guidelines are available online from May 1 to June 30 every year. Applications must be typed, printed and mailed (with original signatures) to the Office of Minority Health and Public Health Policy.

Virginia Department of Health
Office of Minority Health and Public Health Policy
ATTN: Nursing Scholarship
109 Governor St., Suite 1016 East
Richmond, Virginia 23219

Application Deadline

Applications must be postmarked no later than June 30 for the academic year, beginning in the Fall of that calendar year. Applications and/or transcripts postmarked after the above date **will not be considered** for scholarship awards. Applications will not be accepted in The Office of Minority Health and Public Health Policy prior to May 1.

Legislative Authority

Title 32.1, Chapter 6, 32.1-122.6-02 of the *Code of Virginia* authorizes annual scholarships for students enrolled in accredited nurse practitioner/nurse midwife programs.

Under the law, all scholarship awards are made by a Nursing Scholarship Advisory Committee appointed by the State Board of Health. The Nursing Scholarship Committee consists of five members or their designees: three faculty of nurse practitioner/nurse midwife programs, one nurse practitioner currently engaged in practice, and one former scholarship recipient. Committee appointments are for two years, and members may not serve more than two successive terms.

The Nurse Practitioner/Nurse Midwife Scholarship awards are competitive as there are usually more applicants for scholarship awards than there are funds available. Considerations for award selections include: 1) scholastic achievement 2) character and 3) stated commitment to post graduate employment in a medically underserved area of Virginia, in an employment setting that provides services to persons who are unable to pay for the service and participates in all government sponsored insurance programs designed to assure access to medical care services for covered persons.

Preference for the scholarship award shall be given to:

1. Residents of the Commonwealth
2. Minority students
3. Students enrolled in family practice, obstetrics and gynecology, pediatric, adult health and geriatric nurse practitioner programs and
4. Residents of medically underserved areas of Virginia, as determined by the Board of Health, in accordance with the provisions of its regulations for that purpose.

The Office of Minority Health and Public Health Policy serves as staff to the Nurse Practitioner/Nurse Midwife Scholarship Committee and plays no role in the determination of scholarship recipients.

APPLICATION REQUIREMENTS

Please ensure that you read and understand the following information prior to applying for a scholarship award.

Failure to comply with any of these application requirements will result in the applicant being ineligible for a scholarship.

- 1) All items on the application form must be answered.
- 2) A current official transcript of grades (nursing school, college) must be submitted from **all graduate and undergraduate schools attended**. The transcript must contain sufficient information to identify it as a component of a scholarship application.
- 3) Applicants must demonstrate a cumulative grade point average of at least 3.0 in undergraduate and graduate programs.
- 4) Applications must be signed by the Dean/Director/Chair of the Nurse Practitioner/Nurse Midwifery Program.
- 5) Applications and transcripts must be postmarked by **June 30 for the academic year** beginning in the fall of that calendar year. Applications will not be accepted prior to May 1.
- 6) **Two references are required** from persons that have known you in a professional or educational setting. Ensure that references include your full name as provided on the scholarship application for easy matching of reference to application. The references submitted will be part of the overall consideration of the application.
- 7) It is the responsibility of the applicant to see that:
 - a) The application form is completed entirely;
 - b) A current official grade transcript is included with the application or has been mailed to the Office of Minority Health and Public Health Policy prior to June 30;
 - c) All original signatures are obtained on the application form; and
 - d) Application, recommendations and official grade transcript(s) are mailed prior to June 30th to:

Virginia Department of Health
Office of Minority Health and Public Health Policy
ATTN: Nursing Scholarships
109 Governor St., Suite 1016-East
Richmond, Virginia 23219

NURSE PRACTITIONER/NURSE MIDWIFE SCHOLARSHIP APPLICATION

CHECKLIST

This checklist has been provided to facilitate your application process. Please ensure that all items have been completed or submitted with the application prior to mailing. Please maintain a copy of the application for your records. The applicant is responsible for ensuring that the application is complete. **Only completed applications will be considered for scholarship awards.**

Please keep this checklist for your records.

- ☒ A completed Nurse Practitioner/Nurse Midwife Scholarship Application for 2009, with original signatures. **Old applications and handwritten applications will not be accepted.**
- ☒ A **current official (sealed) transcript** of grades from all graduate and/or undergraduate courses.
- ☒ A **statement of intent** to practice as a nurse practitioner/nurse midwife in an underserved area of Virginia following graduation.
- ☒ Two letters of reference.
- ☒ A recommendation for this scholarship by an authorized school official.

Please make sure that:

- ☒ All items on the application are addressed.
- ☒ All authorized school officials sign and date the application in the designated places.
- ☒ The application and transcript(s) are mailed to the Office of Minority Health and Public Health Policy by the June 30 deadline.
- ☒ You maintain a copy of the application for your records.

SECTION 1 – PERSONAL DATA

Date of Application: _____

Name:

_____	_____	_____	_____
Last	First	MI	Maiden

Address:

_____	_____	_____
City	State	Zip

Day Phone Number: (000) 000-0000 Evening Phone Number: (000) 000-0000

Email Address (if available): _____

Social Security Number: 000-00-0000 Sex: Please Select One

Date of Birth: _____ Place of Birth: _____

Race: Please Select One Other: _____

How long have you been a resident of Virginia?

Congressional District: _____ (Please check with your voter registration office or visit <http://nationalatlas.gov/printable/congress.html>)

Have you ever received a Nurse Practitioner/Nurse Midwife Scholarship? Please Select One

If yes, in what year(s)? _____

If you had a different name when you applied previously, please provide it here:

Do you speak another language? Please Select One If yes, please list: _____

CONTACT PERSON (OTHER THAN APPLICANT)

Name:

_____	_____	_____
Last	First	MI

Address:

_____	_____	_____
City	State	Zip

Phone Number: (000) 000-0000 Relationship to Applicant: _____

SECTION 2 – NURSING EDUCATION

School of Nursing: _____

Address: _____
Street Number and Name

City State Zip

Full-time Student: ☐ Part-time Student: ☐ If Part-time student, how many credit hours are you taking?Have you transferred to this school from another nursing program? Please Select One

Name of previous school: _____

Date of enrollment in present Nursing Program: Month YearExpected date of graduation: Month Year**Nursing Program Level:** Please check the program type and current level. Specify level in September.ProgramCurrent LevelLevel in September

Please Select One

Please Select One

Please Select One

SECTION 3 – PRIOR EDUCATION

School of Nursing	University/College	City and State	Date of Attendance	Reason for Leaving
1. _____	_____	_____	-	_____
2. _____	_____	_____	-	_____
3. _____	_____	_____	-	_____

SECTION 4 – WORK EXPERIENCECheck here if you have never been employed, and skip to Section 5 ☐

Type of Position	Name of Employer	City and State	Dates of Employment	Reason for Leaving
1. _____	_____	_____	-	_____
2. _____	_____	_____	-	_____
3. _____	_____	_____	-	_____

SECTION 5 – COMMITMENT OF SERVICE

Are you currently residing in an area designated as a medically underserved area? Please Select One

See the list and map online: <http://www.vdh.state.va.us/healthpolicy/healthcareworkforce/nursingscholarships.htm>

If yes, please indicate the city or county: _____

Do you plan to seek employment in an area officially designated as a medically underserved area and in an employment setting that provides services to persons who are unable to pay for the service and participates in all government sponsored insurance programs designed to assure access to medical care services for covered persons? Please Select One

SECTION 6 – OTHER SCHOLARSHIPS/GRANTS

Are you the recipient of other scholarships/grants for the upcoming school year? Please Select One

Please indicate: _____

SECTION 7 – NARRATIVE SUMMARY (Required)

Explain briefly, *in one page or less*, the significance of the Nurse Practitioner/Nurse Midwife Scholarship in pursuing your educational goals. Also, include your plans for professional practice following graduation.

 Signature of Applicant

 Date
SECTION 8 – SCHOOL OF NURSING RECOMMENDATION

To be completed and signed by the Dean/Director/Chair of the Nurse Practitioner/Nurse Midwife Program. Please complete form online, then print and provide original signature before handing this form to the applicant to be mailed with the rest of their scholarship application.

Cumulative grade point average must be filled in and source of computation cited.

1. Name of applicant: _____
2. Student Identification or Social Security Number: _____
3. This applicant is: Please Select One
4. Date of entrance: Month _____ Year _____
5. During this award period, the applicant will be a: Please Select One
6. Cumulative Grade Point Average: _____ (Applicants must have a 3.0 cumulative GPA in Required Courses, **not electives**)

Source of computation: Please Select One If other, please specify _____

I recommend this student for the Nurse Practitioner/Nurse Midwife Scholarship. Please specify any extenuating circumstances that may have influenced your recommendation.

 Name of Authorized Person Completing This Section

 Title

 Signature

 Date

 Full Name of School of Nursing

 Phone Number

 E-Mail Address